

**CITY OF BURLINGTON, NC
TAX DEPARTMENT**

P. O. Box 1358
Burlington, N. C. 27216
Phone 336-222-5120
Fax 336-570-6136

APPLICATION FOR CITY LICENSE

For License Tax Year Beginning July 1st

Date_____

NAME OF BUSINESS_____

STREET LOCATION_____

MAILING ADDRESS_____

PHONE NUMBER_____

To conduct the following business:

	GROSS SALES	LICENSE TAX
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Retail Merchant_____		
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Wholesale Merchant_____		
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Other_____		
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Branch Location/Chain Store.....		
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Gas and Oil.....		
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Bicycles.....		
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Sundries.....		
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Radios or Music Machines.....		
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PENALTY....		
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TOTAL.....		
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The Gross Sales are for the period from _____ to _____
and includes both cash and credit sales.

I hereby affirm that this application has been examined by me, and to the best of my knowledge and belief, is true and complete and is made in good faith covering the taxable period stated.

Firm's Name_____

Signed By_____

